

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

September 2002

DATA SYSTEMS & ANALYSIS

Data Base and Software Development

Medical Care Data Base (MCDB) 2001

Social and Scientific Systems, the MHCC contractor, is continuing to work with contributing payers on the CY 2001 data submission. The quality of the practitioner encounter records and that of the pharmacy data continues to improve due, in part, to the staff and contractors education program and to standardization efforts that are occurring as a result of the adoption of HIPAA requirements. However, Kaiser Permanente and several smaller payers including Great West, PFL, and MEGA Life submitted information that was inconsistent with the requirements.

Information gathered in the MCDB will be used for the practitioner payment analysis and on utilization and spending studies that address policy questions. This year the staff is working with a number of employer associations that are interested in using the expenditure information to monitor spending in their companies.

Physician Web-Based License Renewal Initiative

The Physician Web-Based renewal effort has been a big success. Over 28 percent of physicians have renewed their licenses using the MHCC-developed application and about 27 percent have renewed by paper, leaving about 45 percent yet to renew. The application has collected about \$1.9 million dollars in license fees. Over one-third of the physicians that have used the site have used the electronic payment feature through the Bank of America. Staff is confident that BPQA will reach its goal of having 40 percent of physicians renew via the Web-based application.

Table 1 - Summary of Renewal Results Through September 8, 2002

Physicians License Renewal Statistics		
As of: 9/12/2002		
	Total	%
Total Physicians	12905	
Completed and Paid	3627	28%
Renewed Using the Paper Application	3450	27%
Yet to Renew	5828	45%
Total Fees Collected	\$1,886,040	
By Electronic Check	\$658,320	35%
(# renewals)	1,266	
Mail Check	\$879,840	47%
(# renewals)	1,692	
3 rd Party	\$349,440	19%
(# renewals)	672	

Maryland Long-Term Care Survey

The staff will release the 2001 Long Term Care Survey on October 21st. Approximately 240 comprehensive care/ sub-acute facilities, 450 assisted living facilities, and about 100 adult day care centers will complete the facility-level survey. Approximately 100 additional facilities will complete the survey compared to last year. Most of the increase is attributable to the growth in assisted living.

Sub-Acute Care Discharge Data Collection

MHCC staff will release Version 5.0 of the Sub-Acute discharge data collection instrument in late September. *The most significant change is the elimination of 138 variables from the automated collection form.* Users will find that many of the most difficult to collect variables have been eliminated. In addition, MHCC has made a number of refinements to the software and documentation that will allow you to complete the survey more efficiently. These changes include:

- The User Manual has been updated and expanded,
- A new hard copy of the survey has been prepared to assist staff with data collection,
- ICD-9 codes have been updated for 2002 changes,
- Zip Codes have been updated to reflect postal changes through June 2002,
- New reports have been added to the software with instructions included in the User Manual.

Thirty-three hospital-based sub-acute facilities submit discharge data to the Commission. All facilities will be required to use the new version beginning with the third quarter 2002 discharges. These submissions are due at the Commission by COB on November 15, 2002.

Cost and Quality Analysis

State Health Care Expenditures

The staff's efforts this year will focus on redesigning and streamlining the report. Based on conversations with users of the expenditure report, the staff has concluded that an overview of spending changes would be more appropriate for many policymakers. This brief report will be augmented with "Spotlight" reports that focus on issues of importance to policymakers. MHCC will also release a technical volume that will contain the detailed tables and a description of the methodology used to generate the spending estimates.

HRSA Grant Activities

Most of the effort during the past month has gone into compiling and assessing the accuracy and completeness of documentation for the Maryland Health Insurance Coverage Survey. Several problem areas have been identified, including "missing" variables. The Analysis staff is compiling a listing of the problems and will contact the Gallup, the MHICS vendor, when the list is determined to be complete. It is hoped that additional documentation, including analytical programs, will resolve most problems but it is possible that new data files may be required. Resolution of this problem is complicated by the fact that the Gallup team who created the MHICS files and documentation are currently unavailable.

In addition to the MHICS data files, Analysis staff will discuss with Gallup the possibility of conducting a study on how persons with Medicaid or MCHIP coverage (identified through enrollment information) responded to the MHICS questions regarding type of insurance coverage. Most surveys with insurance questions, including the CPS, consistently report enrollment in Medicaid that is well below administrative numbers. The unanswered question is whether the

“missing” Medicaid enrollees report themselves as “uninsured” – resulting in an uninsured number larger than the actual number – inflating the uninsured number – or report themselves as having private insurance. In states such as Maryland, where the majority of Medicaid enrollees have insurance cards with the name of a particular plan, without the words “Medicaid” or “HealthChoice,” it seems possible that they might mistakenly report themselves as having private coverage. The answer to this question is important because it could result in a downward adjustment of the state’s uninsured percentage.

Staff has also been assisting Johns Hopkins School of Public Health in their design of a new survey that will “resurvey” MHICS respondents by conducting analyses that compare the composition of households that agreed to being contacted again at some point in the future to all households in the MHICS. On average, 95 percent of respondent households agreed to be resurveyed, including 95 percent of households with at least one uninsured respondent. Other activities include a refined and more detailed workplan and the design of RFPs to obtain expert vendors to refine the weights on the MHICS and to serve as consultants in benchmarking the MHICS against other surveys.

EDI Programs and Payer Compliance

HHS Releases Revisions to Federal Privacy Regulations

HHS released final changes to the federal privacy regulations that become effective on April 14, 2003. The final rule removes the requirements that direct care providers obtain patient consent prior to providing care for the first time. Instead, direct care providers are required to provide patients with notice of the patient's privacy rights and the entity's privacy practices. The industry applauded this change because many contended that the mandatory consents would have been an administrative nightmare and would have inhibited patient access to healthcare. The final rule also exempts from the minimum necessary standards any use or disclosure of information for which a covered entity has received an authorization. These changes allow covered entities to use all information that the patient authorizes for release, instead of applying the more stringent minimum necessary provisions on a case-by-case basis. Most analysts believe that the minimum necessary requirements still in effect will ensure an individual's privacy for most other uses and disclosures without hampering customary and necessary communication of healthcare practices. Finally, the new privacy rule will help researchers by allowing the use of a single combined form to obtain informed consent for authorization to use or disclose protected health information for such research.

The new rules re-define "marketing" so that it includes any communications that encourage recipients to purchase or use a product or service. The revamped marketing definitions also encompass situations under which covered entities disclose protected health information to another entity in exchange for direct or indirect remuneration. By broadening the definitions, covered entities are further restricted in their ability to use protected health care information for marketing without patient authorization.

HIPAA Awareness Activities

During July and August, staff held HIPAA awareness training with the following groups:

Maryland Pharmacist Association,
Anne Arundel Medical Society,
Maryland Optometrist Association,

Maryland Chiropractic Association,
Baltimore County Medical Society,
Eastern Shore Medical Education Center,
Carroll County Health Department,
Peninsula Regional Medical Center,
Southern Maryland Dental Society,
Atlantic General Hospital,
Worcester County Government,
Maryland Podiatric Association, and
Emergency Medicine Physicians Association.

Electronic Health Network Certification

MedUnite, an electronic health network, formed by the six largest commercial payers has applied for EHNAC accreditation and MHCC certification. The SSI Group has indicated it will also obtain MHCC certification.

IRB Activities

The Commission received applications from Anne Arundel Medical Center and Peninsula Regional Medical Center for access to hospital discharge information. The IRB approved these requests at a September 12th meeting. These applications will be presented for final action at the September meeting.

In response to growing demand for access to MHCC data systems, the staff has asked the IRB to assist the Commission in developing public use data sets for the primary data systems. The IRB will meet in October to discuss the feasibility of developing public use data sets. If the IRB believes that such data sets are warranted, the staff will bring this recommendation to the Commission for approval.

PERFORMANCE & BENEFITS

Benefits and Analysis

At the June meeting, Commission staff presented the analysis of the annual financial surveys submitted by all carriers participating in the small group market in Maryland, and our actuarial consultant, Mercer Human Resources Consulting (Mercer) presented the results of their audit of major carriers. Based on our analysis, Mercer has prepared its annual review of proposed benefit changes to the CSHBP, as suggested by the General Assembly and various stakeholders. Mercer will present their report at this month's meeting. Using the results of the Mercer analysis, Commission staff prepared its analysis and staff recommendations on the proposed benefit changes. That report will be presented in September also. A public hearing on the proposed benefit changes will be held on October 9, 2002, beginning at 9:00 am. At the October meeting, the Commission will vote on each proposal. At the November meeting, Commission staff will present its annual review of the CSHBP for Commission approval.

Commission staff has developed a website to be used as a guide for small business owners in their search for health insurance for their employees. This small group website will be presented during this month's meeting.

MIA has promulgated proposed regulations that alter the self-employed open enrollment periods in the small group market from twice per year to once per year (each December, beginning in 2002).

Evaluation of Mandated Health Insurance Services

At the December 2001 meeting, the Commission approved the mandated benefits report prepared by Mercer for public release. The final report was sent to the General Assembly in January 2002. It is available on the Commission's website at:

<http://www.mhcc.state.md.us/cshbp/mandates/finalmercerreport.pdf>. Printed copies are available from Commission staff. Legislators were allowed until July 1, 2002 to request an evaluation of mandated insurance services as to their fiscal, medical and social impact. To date, several evaluations have been received. In addition, all mandated benefits that either passed or failed during the 2002 General Assembly session will be evaluated in the December 2002 report.

Substantial Available and Affordable Coverage (SAAC)/High-Risk Pool

The General Assembly enacted and the Governor signed HB 1228 (this year) under which the SAAC program and the Short-Term Prescription Drug Subsidy Program will be replaced with the Maryland Health Insurance Plan Fund and Senior Prescription Drug Program. Both will be administered by the newly-created Maryland Health Insurance Plan (MHIP), an independent agency within the Maryland Insurance Administration (MIA). The Executive Director of the MHCC is a member of the Board. The MHIP Fund is financed through a proportionate assessment on hospital net patient revenue that would equal the CY 2002 SAAC funding. The new program is required to be operational on July 1, 2003, and hospitals must begin paying the assessment as of April 1, 2003 in order to fund the start-up. The MHIP Board is responsible for running the programs. Carriers must report to the MIA the number of applications for medically underwritten individual policies that they have declined. The Senior Prescription Drug Program is funded through enrollee premiums and a subsidy by a nonprofit health service plan (CareFirst) not to exceed its premium tax exemption. The MHCC is no longer responsible for developing the benefit plan. The MIA requires CareFirst (Maryland and D.C.) to have the last SAAC open enrollment in December 2002.

Legislative and Special Projects

Nursing Home Report Card

Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The web-based Nursing Home Performance Evaluation Guide is available through the Commission's website. An updated version of the Guide is now available and includes a revised Deficiency Information page, updated data from the Minimum Data Set and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services.

The Commission is participating in a pilot program currently underway that is sponsored by the federal Centers for Medicare and Medicaid Services (CMS). Eight of the nine newly developed quality measures are now being displayed on the Maryland Guide in the same format as the current Quality Indicators are, utilizing the symbols that separate the top 20%, bottom 10%, and

all others. The national rollout of the CMS Nursing Home Quality Initiative is scheduled for October 2002.

Hospital/Ambulatory Surgical Facility Report Card

Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31st.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmissions rates for 36 high volume hospital procedures (diagnosis related groups or DRGs). Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented. Readmission rates for circulatory system diseases and disorders are currently under review and will be released at a later date. A workgroup met and discussed issues related to readmission rates for circulatory system diseases and disorders and analysis of the suggestions is currently underway.

Data collection for the two core measure sets (Congestive Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative has begun. Data will be gathered on a pilot, or test, basis for the first and second quarters of 2002. Each hospital's information for Quarter One of 2002, along with the state average, is currently available to that particular hospital. The Delmarva Foundation, our contractor for this data collection effort, has been working with the hospitals and ORYX measurement instrument vendors to provide technical assistance for the logistics of transmitting the data and to assist the hospital personnel in understanding the specifications for collecting the data. Data gathered between July and December 2002 (Quarters 3 and 4) will be made publicly available in the second iteration of the Hospital Guide in Spring 2003.

A separate guide is being developed for the ambulatory surgical facilities (ASFs). It is anticipated that the ASF Consumer Guide will be made public in the summer of 2002.

Uninsured Project

DHMH, in collaboration with MHCC and the Johns Hopkins School of Public Health, was recently awarded a \$1.2 million State Planning Grant by the Health Resources and Services Administration (HRSA). HRSA is the federal agency that oversees programs to ensure access to care and improve quality of care for vulnerable populations. The one-year federal grant provides Maryland with substantial resources to examine the State's uninsured population and employer-based insurance market and to develop new models to make comprehensive health insurance coverage fully accessible to all Maryland residents.

Among the several activities, the one year grant will enable DHMH and MHCC to conduct further analysis of existing quantitative data sources (Maryland Health Insurance Coverage Survey, MEPS-IC, and CPS), as well as collect additional data that will help us design more effective expansion options for specific target groups. In addition, we will be conducting focus groups with employers in order to better understand the characteristics of firms not currently participating in the state's small group market. For those firms currently participating in the

CSHBP, issues will be probed relating to costs of coverage and knowledge of the base CSHBP. In an effort to increase the take-up rate in the small group market, marketing materials will be developed and presented to the focus groups for review and modification. An RFP detailing these activities has recently been released.

This Grant will also fund a follow-up survey of the uninsured respondents of the Maryland Health Insurance Coverage Survey. A report to the Secretary of the Department of Health and Human Services is due at the end of the grant period (June 30, 2003). The report must outline an action plan to continue improving access to insurance coverage in Maryland.

Patient Safety

Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. Three workgroups have now been formed: one to look at issues related to systems changes to be recommended; one to address current regulatory oversight and reporting requirements; and a third to discuss issues related to a proposed Patient Safety Center.

A preliminary report, approved by the Commission at the December meeting, was sent to the General Assembly. One of the preliminary recommendations has been enacted by the General Assembly and signed by the Governor. That bill removes the medical review committee statute that applies to all health care practitioners from the BPQA statute, where it is currently codified, and places it in a separate subtitle within the Health Occupations Article to make practitioners more aware of the protections available to them. It also codifies case law to clarify that certain good faith communications designed to lead to remedial action are protected even when they are not made directly to a medical review committee or committee member, but are nevertheless designed to remedy a problem under the jurisdiction of a medical review committee.

Commission staff is currently preparing a proposal for a federal grant that would fund the creation of a Patient Safety Center. The grant proposal will be submitted October 1, 2002.

HMO Quality and Performance

Distribution of 2001 HMO Publications

Cumulative distribution - beginning with release of each publication	9/28/01 - 8/30/02		
	Paper	Electronic/ Web	
<i>Comparing the Quality of Maryland HMOs: 2001 Consumer Guide</i> (30,000 printed)	27,133	Interactive version	Visitor sessions = 1,615 Hits = 7,383
		pdf versions	Visitor sessions = 6,652
		Oct - May	Hits = 28,944
<i>2001 Comprehensive Performance Report: Commercial HMOs in Maryland</i> (700 printed)	692	Visitor sessions = 1,057	Hits = 4,464
<i>2001 Guide for State of Maryland Employees</i> (80,000 printed)	80,000	Visitor sessions = 1,033	
<i>Policy Report on Maryland Commercial HMOs: The Quality of Managed Care</i> (1,500 printed)	1,120	Visitor sessions = 858	Hits = 3,310

Distribution of Publications

As usual, summer distribution of HMO publications has slowed down. Most people chose to wait for the fall release of the “new” reports. Some exceptions include distribution (by DHMH) at the State Fair in August, 200 copies for members at one of Kaiser’s clinical centers, and a request from Safeway for their Maryland employees.

We have begun receiving requests for the 2002 edition of the *Guide for Consumers*. One of these is from

HMO Publication Distribution by Category Sept. 2001 – August 2002			
Category	Consumer Guide 30,000 printed	Comprehensive Report 700 printed	Policy Report 1,500 Printed
Public Libraries (includes depositories for government publications)	18,108	270	168
Academic Libraries/Graduate Programs	1,346	19	93
HMOs	2,084	68	26
Maryland consumers requests	420	13	4
Insurance Brokers	346	0	4
MD Legislators and Staff/State Agencies	616	76	467
Press Conference (includes media)	103	40	84
National Contacts / Requests	60	35	70
Physicians/health care providers	403	5	57
Unions / Large Employers / Organizations	2,261	13	70
MHCC Contractors	135	24	61
Small Businesses	106	0	2
Schools	50	0	0
Local Government	38	35	0
Not Specified	1,007	94	14
Publications Remaining	2,867	8	380
Cumulative Totals:	27,133	692	1,120

Constellation Energy, formerly BGE. That company is assessing the best way to reach its

employees who would be interested in HMO/POS information. The company's open enrollment is 10,000 – 11,000, including retirees. We are discussing use of both the MHCC interactive version of the Guide and some number of print copies. A meeting with the president of the Tech Council of Maryland is expected to result in a presentation before its Human Resources Committee, composed of representatives of various high tech companies in Montgomery County.

Availability of the new *2002 Guide for Consumers* will be announced via the Council's e-mail newsletter. This year's guides will be released on September 23rd. The HMO Quality & Performance Division continues its transition in how it reports electronic use of its publications. For several months distribution data have included "visits". Whereas in the past, when a visitor went to a location on the website, each graphic image or document on the page was recorded (as a "hit"), we want to count "downloads" which occur when posted documents are converted to a readable, .pdf, format. This allows us to estimate the number of people who visit a publication, making our counts more analogous to counts of paper publications that are disseminated to individuals. The format in which our new web host reports these data still requires some fine-tuning and numbers will be significantly lower, though more meaningful, than in the past. The table above shows both hits and visitor sessions for pdf versions of HMO documents, for the period September 2001 through August 2002.

2002 Performance Reporting

Audit of HEDIS Data

HealthcareData.com (HDC), our contractor for the HEDIS audit, has completed all seven deliverables for the 2002 audit season. The company has provided us with an update on changes to HEDIS for 2003. It has also advised us that HDC staff will attend NCQA's Auditor's Update Training Conference in November. Information on changes in the audit process for 2003 will be provided to the Commission. On September 18th, the Board of Public Works is scheduled to act upon the Commission's request to exercise its option to contract with HDC for audit services in 2003 and 2004.

Consumer Assessment of Health Plan Study (CAHPS) Survey of Plan Members

In early July, Market Facts completed its last 2002 contract deliverable, final reports of survey results (in paper format) for MHCC and each of the nine plans. This summer, Market Facts provided the Commission with a written description of the survey process for inclusion in the *2003 Comprehensive Report*. This will be a new addition to the report and will provide readers with information about one of the primary sources of data used in the HMO/POS publications.

Performance Report Development Contract

MHCC staff reviewed CAHPS, HEDIS, and MHCC-specific rates and determined which measures would be included in the 2002 publications. We have written new sections and made substantial additions and changes to text of the *2002 Guide for Consumers*, *the Guide for State Employees*, and *the Comprehensive Performance Report*. New titles that include POS plans reflect that information will help point of service members as well as HMO members as they compare plan performance. *The 2002 Consumer Guide to Maryland HMOs and POS Plans* will be the name of the publication to be released on September 23rd. All three publications are complete and are being printed.

Contract for Design of Interactive Web-based Consumer Guide

For the fourth year, Glows in the Dark, a web design firm, is converting the consumer guide into an interactive report. The electronic document will allow visitors to the MHCC website to create custom HMO/POS reports that include as many or as few plans as they like.

2002 Press Conference

The 2002 press conference for the HMO publications has been scheduled for 11 AM, Monday, September 23rd. It will be held at the University of Maryland Medical School Teaching Facility, the same location as last year. A planning meeting with staff at the University of Maryland Medical School took place August 10th. Invitations to the press conference were mailed August 30th. Letters and envelopes have been prepared for embargoed copies of the Guides for Consumers and State Employees and the Comprehensive Report, which will be mailed a few days before the press conference.

HEALTH RESOURCES

Certificate of Need

During July and August, staff issued 19 determinations of coverage by Certificate of Need (CON) review. These included a determination that a planned \$12 million garage at Kennedy-Krieger Institute, as an expenditure for which the facility will not seek a rate increase and that is not directly related to patient care, does not require Certificate of Need (CON) review. Staff also issued a determination of non-coverage by CON for a \$250,000 expenditure by Upper Chesapeake Medical Center in Bel Air, related to the conversion of seven private to semi-private hospital rooms, needed to accommodate a bed increase permitted under the 140% rule for hospital bed capacity.

Also during this period, staff issued seven determinations related to licensed bed capacity, five of which affected bed capacity at nursing homes. The newly-acquired and renamed Parkway Nursing and Rehabilitation Center in northwest Baltimore City received Commission authorization to temporarily delicense 25 of its 135 comprehensive care facility (CCF) beds, and Ruxton Health and Rehabilitation Center of Pikesville in Baltimore County received approval of an amended plan to relicense 14 CCF beds that remain out of service. College View Center in Frederick County permanently relinquished 6 CCF beds.

Two facilities failed to comply with provisions of the Commission's regulations governing the time and conditions under which closed bed capacity or facilities may remain in good standing and able to be re-implemented. Staff has issued a letter declaring abandoned the 105 CCF beds formerly operated at the Greenspring Nursing and Rehabilitation Center in northwest Baltimore City (now the site of the Gaudenzia substance abuse ICF approved by the Commission in July 2002); as a result of a foreclosure on Greenspring's mortgage and subsequent bankruptcy settlement, an entity known as the 1213 Light Street Limited Partnership had acquired these beds. In order to maintain the bed capacity in good standing, however, this group had to apply for CON approval to re-implement the beds at its South Baltimore facility; it failed to submit a reviewable application by the date specified. Also, staff issued a determination that forty of the 110 Montgomery County special hospital-psychiatric beds acquired by Sheppard Pratt Health System as a result of the CPC Health/Chestnut Lodge Hospital bankruptcy in April 2000 have been abandoned, by virtue of the System's failure to submit the required plan and specific time frames for the relicensure of that portion of the off-line capacity.

Two additional facilities with delicensed beds have submitted and received approval for relicensure plans. University Specialty Hospital (formerly Deaton Home and Hospital) had closed its 194-bed nursing facility in July 2001, pending a decision about whether it would re-open some or all of the CCF beds as a resource both for the on-site chronic hospital and for other facilities and programs operated by the University of Maryland Medical System. The Hospital has submitted a plan in which it will relinquish 114 of the CCF beds, and re-implement 80 beds in specialty areas corresponding to the needs of the System's acute general hospitals for post-acute placements. Another member of the University system, Kernan Hospital, received authorization to relicense 24 chronic hospital beds, originally relocated to Kernan through a merger and consolidation involving Montebello Hospital, in space vacated by temporarily delicensing eight CCF beds and eight rehabilitation beds, and moving eight rehabilitation beds to its original hospital building. Kernan intends to determine, during the authorized delicensure period, whether it will continue to operate the remaining twenty-four CCF beds as a subacute unit, which was approved by the former Health Resources Planning Commission in 1997.

Of ten determinations related to office-based ambulatory surgical capacity issued during July and August 2002, one extended an authorized temporary closure for an additional six months, to complete a proposed acquisition; another notified the Commission of a name change; four involved confirmation that proposed non-sterile procedure rooms were not subject to CON review; and the remaining four authorized the establishment of a single operating room in physician office settings.

Acute and Ambulatory Care Services

On August 14, staff met with representatives of the Maryland Hospital Association to discuss the draft acute care hospital bed need projections. The draft projections, part of the ongoing update of the acute inpatient services chapter of the State Health Plan, were presented to the Commission and released for informal public comment at the June 20, 2002 Commission meeting, and were posted on the Commission's website, in a document titled *The Need for Acute Hospital Beds in Maryland: A Forecast for 2007*. The deadline for written comments was August 26, 2002. Written comments have been received on the draft bed need projections from the following providers and other interested persons:

1. Adventist HealthCare
2. Calvert Memorial Hospital
3. Carroll County General Hospital
4. Howard County Board of Health
5. Howard County General Hospital
6. LifeBridge Health
7. MedStar Health
8. Montgomery County Department of Health and Human Services
9. Montgomery General Hospital
10. SAM BIZTECH (e-mail)
11. St. Agnes HealthCare
12. Suburban Hospital
13. The Association of Maryland Hospitals and Health Systems
14. Union Hospital of Cecil County
15. University of Maryland Medical System
16. Upper Chesapeake Health System
17. Washington County Hospital Association

Staff has also prepared a draft of a revised State Health Plan chapter on acute inpatient services which will be released for informal public comment at the September 20, 2002 Commission meeting.

Staff has prepared the fifth edition of the *Maryland Ambulatory Surgery Provider Directory* using information from the Commission's 2001 Freestanding Ambulatory Surgery Facility Survey. The 2002 Directory will be released to the public at the September 20, 2002 Commission meeting, and will be available on the Commission's website.

Staff met with staff of the Health Services Cost Review Commission on September 6, 2002 to discuss issues related to several hospitals, including Johns Hopkins Hospital and McCready Memorial Hospital. Staff also met with representatives of several hospitals and health systems to discuss their capital improvement plans, including Maryland General Hospital, the University of Maryland Medical Center, Shore Health System and the Johns Hopkins Health System.

One staff member attended a training conference on "Using Policy Analysis and Research More Effectively in Decisionmaking", sponsored by The Agency for Health Research and Quality and the Academy of Health Services Research and Health Policy, in Rensselaerville, New York, July 28 through August 2, 2002.

Long Term Care and Mental Health Services

Staff from the Long Term Care program represented the Commission at the July 22 Aging in Place Meeting at the Maryland Department of Aging. The group reviewed subcommittee reports on service elements of potential Long Term Care Zones and regulatory and financing issues. The next meeting is scheduled for September 17, 2002.

The Long Term Care staff provided data in response to a request for information from Local 7 of the AFL-CIO. Staff also responded to a data request on the availability of subacute care services.

Staff from the Long Term Care Unit attended a CMS sponsored conference on July 31, 2002. The conference focused on proposed changes to OASIS data collection for home health agencies.

Specialized Health Care Services

The Long Term Issues Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its second meeting on July 25, 2002. The subcommittee discussed recommendations regarding potential areas of focus for the subcommittee and a draft outline of the subcommittee's report.

At its second meeting on July 31st, the Quality Measurement and Data Reporting Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care discussed a draft survey to collect information about hospital cardiac care data systems, and a draft outline of the subcommittee's report. Luis Mispireta, M.D., chairman of the subcommittee, reported on efforts to develop a consensus among the directors of the cardiac surgery programs in Maryland concerning the most effective and appropriate database for improving outcomes, and the best means of implementing statewide data collection and analysis. The next meeting of the Quality Measurement and Data Reporting Subcommittee will be held at 6:30 p.m. on September 17th at the Sheraton International Hotel (BWI Airport). The subcommittee will hear presentations on the

National Cardiovascular Data Registry of the American College of Cardiology, and the National Adult Cardiac Surgery Data Base and Outcomes Program of the Society of Thoracic Surgeons (STS).

At its July 31st meeting, the Quality Measurement and Data Reporting Subcommittee approved the creation of a work group to examine further the data consortium model. The Cardiac Surgery Data Work Group will meet at 6:00 p.m. on September 19th at the BWI Airport Marriott Hotel. The work group will hear a presentation on legal issues related to the collection of quality improvement data, and review the results of a survey on participation in the STS National Adult Cardiac Surgery Data Base and Outcomes Program.

Chaired by Jeffrey D. Jones, M.D., a cardiologist at Washington County Hospital in Hagerstown, Maryland, the Inter-Hospital Transport Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its first meeting on August 22nd. The subcommittee discussed its charge, structure, and timetable. Cheryl Y. Bowen, M.S., M.A., R.N., Director of Commercial Ambulance Licensing and Regulation for the Maryland Institute for Emergency Medical Services Systems, gave a presentation on the Maryland Neonatal Intensive Care Transport System. The subcommittee also heard information about the development of a private inter-hospital transport system by three hospitals in the Baltimore City/Baltimore County area that provide cardiac surgery and interventional cardiology services. The second meeting of the Inter-Hospital Transport Subcommittee will be held at 6:00 p.m. on September 30th in Conference Room 108-109 at 4201 Patterson Avenue, Baltimore, Maryland.

The Interventional Cardiology Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its first meeting on September 4th, at which the members discussed the charge, structure, and timetable of the subcommittee, and a proposed work plan and process. The subcommittee approved the preparation of a “state of the evidence” paper as part of its process. David O. Williams, M.D., Director of the Cardiovascular Laboratory and Interventional Cardiology at Rhode Island Hospital in Providence, Rhode Island, is chairman of the subcommittee.

A joint meeting of the Steering Committee and the Quality Measurement and Data Reporting Subcommittee will be held at 5:00 p.m. on October 2nd at the BWI Airport Marriott Hotel. William Nugent, M.D., Chief of the Cardiothoracic Surgery section at the Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, will discuss the Northern New England Cardiovascular Disease Study Group (NNECDSG). Dr. Nugent is a founding member of NNECDSG.

The Work Group on Rehabilitation Data will meet on September 26th at 1:00 p.m. in Room 110 at 4201 Patterson Avenue. The Work Group will review annual (2000 and 2001) and quarterly (2002) discharge abstract data and discuss the new reporting requirements (2003) under COMAR 10.27.06 Submission of Hospital Discharge Data Set to the Health Services Cost Review Commission.